System Demographics

**BSN & Above Percentage – All RNs**

<table>
<thead>
<tr>
<th>Location</th>
<th>CY 2017</th>
<th>CY 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boise/Meridian*</td>
<td>46.8%</td>
<td>80.4%</td>
</tr>
<tr>
<td>Elmore</td>
<td>50.0%</td>
<td>62.6%</td>
</tr>
<tr>
<td>Fruitland</td>
<td>33.3%</td>
<td>46.4%</td>
</tr>
<tr>
<td>Jerome</td>
<td>59.3%</td>
<td>70.0%</td>
</tr>
<tr>
<td>Magic Valley</td>
<td>55.9%</td>
<td>76.9%</td>
</tr>
<tr>
<td>McCall</td>
<td>48.6%</td>
<td>77.6%</td>
</tr>
<tr>
<td>Nampa</td>
<td>48.6%</td>
<td>79.1%</td>
</tr>
<tr>
<td>Wood River</td>
<td>58.8%</td>
<td>82.6%</td>
</tr>
</tbody>
</table>

**Goal: 80% by 2020**

Institute of Medicine 2010 Report on the Future of Nursing recommended increased proportion of BSN prepared nurses to 80% by 2020.

**New Hires – CY 2018**

<table>
<thead>
<tr>
<th>Location</th>
<th>RNs – excludes internal transfers and new grads</th>
<th>New Grad RNs</th>
<th>NPs – excludes internal transfers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boise/Meridian*</td>
<td>134</td>
<td>632</td>
<td>0</td>
</tr>
<tr>
<td>Elmore</td>
<td>5</td>
<td>34</td>
<td>0</td>
</tr>
<tr>
<td>Fruitland</td>
<td>9</td>
<td>42</td>
<td>0</td>
</tr>
<tr>
<td>Jerome</td>
<td>14</td>
<td>172</td>
<td>0</td>
</tr>
<tr>
<td>Magic Valley</td>
<td>8</td>
<td>51</td>
<td>0</td>
</tr>
<tr>
<td>McCall</td>
<td>12</td>
<td>80</td>
<td>0</td>
</tr>
<tr>
<td>Nampa</td>
<td>2</td>
<td>16</td>
<td>0</td>
</tr>
<tr>
<td>Wood River</td>
<td>9</td>
<td>35</td>
<td>0</td>
</tr>
</tbody>
</table>

**Employee Counts – CY 2018**

<table>
<thead>
<tr>
<th>Location</th>
<th>Total RNs</th>
<th>Total Employees</th>
<th>Total NPs</th>
<th>Total LPNs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boise/Meridian*</td>
<td>10,625</td>
<td>2,787</td>
<td>99</td>
<td>291</td>
</tr>
<tr>
<td>Elmore</td>
<td>319</td>
<td>137</td>
<td>9</td>
<td>219</td>
</tr>
<tr>
<td>Fruitland</td>
<td>291</td>
<td>86</td>
<td>0</td>
<td>9</td>
</tr>
<tr>
<td>Jerome</td>
<td>151</td>
<td>18</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>Magic Valley</td>
<td>750</td>
<td>84</td>
<td>32</td>
<td>1</td>
</tr>
<tr>
<td>McCall</td>
<td>2,115</td>
<td>32</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>Nampa</td>
<td>619</td>
<td>120</td>
<td>9</td>
<td>610</td>
</tr>
<tr>
<td>Wood River</td>
<td>432</td>
<td>71</td>
<td>2</td>
<td>429</td>
</tr>
</tbody>
</table>

*4-time Magnet-designated hospitals*
Dear Nursing Colleagues, Patients, Families and Community Members,

It is with great pleasure that I share with you the 2018 St. Luke’s Health System Nursing Annual Report. This publication presents a snapshot of the many highlights and accomplishments led by our talented nurses across the entire system. Our nursing staff has always proven to be innovative and committed to the growing needs of the communities St. Luke’s serves. This year was no different.

From an access standpoint, nursing was integral to the design, build and now day-to-day operations of St. Luke’s new 35,000-square-foot, high-tech Virtual Care Center. This state-of-the-art care center optimizes technology to provide system-wide virtual care across the region. Nursing was instrumental in the opening of the new Elmore Emergency Department, supporting improved patient outcomes, while also helping the McCall Hospital to achieve the system’s first Level IV trauma designation.

Our nursing staff continues to build relationships throughout the community, whether hosting high school students interested in health care careers at the Eagle Urgent Care, hosting 4-H members in the Fruitland Emergency Department, or building new initiatives such as follow-up calls to emergency department patients. In Nampa, registered nurse Celeste Benedict took community accountability to a whole new level when she created her “Clothes Closet,” providing clothing to patients in need when leaving the hospital. Her ingenuity earned her an Idaho’s Brightest Stars award. St. Luke’s nurses are known for their deep commitment to our communities, well beyond our traditional walls.

You will also see examples in this publication of the contributions nurses bring to continuously improve processes and outcomes. New PATHS (Professional Advancement Through High-performance and Skill) projects enhanced patient outcomes throughout the system. A Treasure Valley pediatric clinic presents a great example, where waiting rooms were separated to provide two distinct spaces: one for well-children visits and a second for ill children. Parents indicated on patient satisfaction scores that they felt their children were safer and more protected from illness after this change. In addition to PATHS projects, care improvements occurred when the Emergency Department (ED) and Wood River Family Medicine partnered to develop a new process that facilitated timely patient follow-up with their primary care physician following an ED visit. In Boise, adolescents are seeing improvements in their treatment, thanks to the efforts of nursing staff in the Neurobehavioral Medicine Day Treatment program.

To support our nurses who create these amazing accomplishments, we have implemented new tools and education opportunities. In the Treasure Valley, we have debuted the Student Nurse Apprentice Program (SNAP), originally implemented in the Magic Valley. Across the system, we have strengthened the Supporting Transitions and Relationships (STAR) residency transition to practice program and nursing research fellowship opportunities.

I am so proud to be a part of the St. Luke’s nursing team and very honored to work alongside such amazing, committed professionals who are passionate about the care delivered and the exemplary outcomes achieved.

Sincerely,

Cynthia (Cy) Gearhard, MN, RN, NEA-BC
St. Luke’s Vice President, Patient Care Services/System Chief Nursing Officer
Transformational Leadership
St. Luke’s Health System Nursing
Executive Leadership

Cy Gearhard, MN, RN, NEA-BC
Vice President, Patient Care Services/System Chief Nursing Officer
Magnet Chief Nursing Officer, St. Luke’s Health System

Barbara Hocking, BSN, EdD, RN, FACHE
Boise CNO*

Arlene Blaylock, BSN, MBA, RN, NEA-BC
Magic Valley COO/CNO

Lisa Melchiorre, BSN, MBA, RN, NEA-BC
Elmore COO/CNO

Carmen Jacobsen, BSN, MPH, RN, NE-BC
Wood River COO/CNO

Amber Green, MSN, RN
McCall COO/CNO

Jill Howell, BSN, RN
Jerome Associate CNO

Alicia Young, MSN, MBA, RN
Ambulatory CNO*

Rene Pallotti, MSN, MBA, RN, NEA-BC
Meridian COO/CNO*

Bonnie Hollenbeck, MSN, MHA, RN, FACHE
Post-Acute Care VP*

*Magnet site leaders
**Health System Nursing Strategic Plan 2017-2018**

**Culture/Engagement**

Drive a culture that supports our employees, providers and partners to be exceptional in their roles at St. Luke’s.

- Job architecture/special pay programs
- PATHS program progression & participation system-wide
- DAISY recognition & leader recognition tool kit – all sites
- NDNQI RN Engagement Survey system work
- Relationship-based care model integration
- System BSN attainment policy
- Certification support/professional manuscript writing workshops/nursing scholarships
- Nursing Leadership Development Program system-wide
- Nursing leadership succession plan
- SLHS Nurse Residency Program accreditation/SLHS simulation accreditation
- System Shared Governance structure
- System Magnet gap analysis and multi-year action plan

**Quality & Patient Safety**

Create highly reliable clinical systems to drive an engaged workforce focused on flawless, evidence-based and safe patient-centered care.

- System Just Culture model and proposal for multi-year implementation (plan, policy, training)
- Standardize hand-off program across system
- Reconcile inconsistent policies and practices across sites
- Enhance System Interdisciplinary Practice Council (SIPC) structure
- Deploy practice standardization tool kits – develop auditing processes for compliance
- Best practice implementation, employee injury, patient falls with injuries and medication safety
- TeamSTEPPs deployment plan for SLHS
- Key clinical capital plan process for nursing/patient care services across system (beds, patient lifts, monitors, clinical mobile devices, wheelchairs, etc.)

**Patient Experience/Engagement**

Create loyal patients through exceptional patient experience and patient engagement.

- Align care experience surveys – implementing ambulatory and ED survey
- Best practice care experience initiatives across system (leadership rounding, hourly rounding, end of shift report)
- Care experience structure and strategic plan
- Patient education operational structure and strategic plan

**Stewardship**

Ensure financial sustainability by meeting our stewardship targets in order to reinvest into our mission.

- Productivity and workforce management tool
- System specialty float pool
- Strategy for MA role in ambulatory setting
- System RN workforce management plan (new graduate, experienced RNs, Advanced Practice)
- Nursing workload tool assessment and deployment plan
Magic Valley Hosts 2018 System Nursing Excellence Awards Ceremony to Celebrate Nurse Leaders

Celebrating its third year as a health system event, the 2018 System Nursing Excellence Awards Ceremony was hosted in the Magic Valley for the first time on May 8, 2018, at the Canyon Crest Events Center in Twin Falls. With great attendance and representation from across the system, nurses were celebrated at the ceremony. In honor of the new location, St. Luke’s offered a ride-sharing option to assist with transportation to the event. The bus was hosted by “Bus Mom” Deb Compton, MSN, RN, NEA-BC. All who rode the bus to the event had a great time and were grateful not to have to drive.

Approximately 200 attendees celebrated nominees and their contributions to nursing during the Awards Ceremony.

A record number of nominations were received this year, with 64 nominees in the individual award categories. Additionally, a new category was introduced in 2018 to recognize groups of nurses working together to address St. Luke’s strategic priorities. Six groups were nominated, celebrating the collaborative efforts of 49 nurses among the groups. To recognize this many nurses at one event was historic. Cy Gearhard, MN, RN, NEA-BC, Vice President, Patient Care Services/System Chief Nursing Officer (CNO), opened the ceremony with a year in review of nursing accomplishments. She then took a moment to recognize all the nominated nurses as leaders in the organization. Chris Roth, System Vice President, Chief Operating Officer and Dr. Jim Souza, System Chief Medical Officer, provided remarks to the group, both acknowledging the key roles nurses play in making the system a success. CNOs from each site were present to celebrate with their nominated nurses and to present awards to those who won. Future celebrations will continue to rotate between the Magic Valley and Treasure Valley to ensure access for all nurses. For a complete list of winners, see page 30.

RN Group Recognition

The Newborn Fall Prevention Taskforce received the first ever RN Group Recognition award. From left to right: Debbie Ketchum, BSN, MAOM, RN, RNC-MNN, C-EFM; Shelly Jensen, BSN, MHA, RN, NEA-BC; Janice Preuit, MSN, RNC-NIC; Kat Dow, BSN, RN; Julya Miner, BSN, RN, RNC-OB, C-EFM, CPHQ; Dixie K. Weber, MS, RN. Not Pictured: Donna Swirczynski, MSN, APRN, PCNS-BC; Alisha Baithavong, BSN, RN, RNC-OB; Jessica Biggs, MSN, RN, RNC-EFM; Julie Finney, BSN, RNC-OB; Loey Berg, BSN, RN, RNC-MNN; Carrie Anstrand, MA, BSN, RN, LCCE, IBCLC.
Jerome Leads the Way in Bar Code Medication Administration Accountability

Jerome has experienced great success with bar code medication administration (BCMA) accountability. In June 2018, Jerome was achieving 98.4% compliance with both drug and patient scanning. Kat Dow, BSN, RN, Director of Nursing/Patient Care Services, Jerome OB/Med-Surg/ED/Swing, began reviewing compliance reports weekly and then discussed them every Monday with staff at the safety huddle. Nursing staff received a copy of the non-compliance and engaged in discussions around the “why” behind the non-compliance. They reviewed the issue, what barriers they were experiencing and brainstormed how to resolve the issues.

Nursing staff were instructed to not override any medications when pharmacy was onsite, unless there was an emergency. The override is a warning, and nurses were coached to ask themselves “why is there a warning, is there something wrong?” Nurses were encouraged to collaborate with pharmacy to resolve the issue prior to giving medications. Even on the night shift, the expectation was the same and staff were to call the telemetry pharmacy in Boise before overriding any medication. With education, accountability through weekly check-ins and collaboration with pharmacy, nursing staff in Jerome continually have the highest percentage of compliance with BCMA.

In September 2018, St. Luke’s released their first Practice Playbook to strengthen compliance with BCMA. Practice Playbooks are intended to help leaders solve practice problems and provide nurses the knowledge, skills and motivation to meet practice expectations. The strategies used by Dow are included in the BCMA Practice Playbook.
Structural Empowerment

Collaboration Leads to Increased Certification for Nurses throughout the System

Leaders of Mother-Baby care units throughout the system reviewed their professional certification status and identified opportunities for clinical staff development. Leaders identified that a low percentage of eligible nurses were certified. Kandace Turner, BSN, RN, RNC-MNN, Nursing Supervisor, Boise Mother-Baby, contacted the Center for Nursing Excellence for assistance in identifying, consolidating and coordinating resources to assist nurses in preparing for their professional certification exam.

St. Luke’s Health System hosted a Maternal Newborn Nursing (MNN) Review Course on May 16-18, 2018. Working with The Center for Nursing Excellence and Human Resources, St. Luke’s was able to facilitate a batch registration and provided up-front payment for all St. Luke’s staff who attended the review course; 34 nurses from around the health system were able to attend this course. In addition, St. Luke’s hosted the paper/pencil test for the MNN Certification Exam on May 19, 2018, with nurses utilizing the Certification Program to seek reimbursement for test expenses.

By hosting a test review course at St. Luke’s, the nurses were well prepared, and 100% of those who participated in the review course successfully completed their certification exam. Congratulations to all these nurses for pursuing and obtaining a professional nursing certification!

Tiffany Abernathy, BSN, RN, RNC-MNN, CLC, Mother-Baby Nurse – Boise
Molly Babendure, BSN, RN, NE-BC, RNC-MNN, Mother-Baby Assistant Nurse Manager – Meridian
Trudi Baruchs, BSN, RN, RNC-MNN, Mother-Baby Nurse – Meridian
Kimberly Braun, BSN, RN, RNC-MNN, CLaSS Clinical Educator – Boise
Mackenzie Brown, BSN, RN, RNC-MNN, CSU Nurse – Treasure Valley
Melissa Castro, BSN, RN, RNC-MNN, Mother-Baby Nurse – Meridian
Amber Cederberg, ADN, RN, RNC-MNN, Labor & Delivery Nurse – Magic Valley
Tara Copeland, BSN, RN, RNC-MNN, Mother-Baby Nurse – Boise
Karee Suzanne Curry, ADN, RN, RNC-MNN, Women’s Services Nurse – Nampa
Corey Dean, BSN, RN, RNC-MNN, Mother-Baby Nurse – Boise
Amanda Erickson, BSN, RN, RNC-MNN, Women’s Services Nurse – Nampa
Kimberly Fahlen, BSN, RN, RNC-MNN, Mother-Baby Nurse – Boise
Monique Farrow, BSN, RN, RNC-MNN, RNC-OB, Mother-Baby Nurse – Boise
Melanie Gier, BSN, RN, RNC-MNN, Mother-Baby Nurse – Boise
Amanda Gonzales, MSN, RN, RNC-MNN, Labor & Delivery Nurse – Magic Valley
Hannah Hargreaves, BSN, RN, RNC-MNN, Mother-Baby Nurse – Boise
Dana Harvey, BSN, RN, RNC-MNN, Diagnostic Breast Imaging Nurse – Meridian
Melodie M. Hatch, BSN, RN, RNC-MNN, Labor & Delivery Nurse – Magic Valley
Sherrie Holmes, BSN, RN, RNC-MNN, Mother-Baby Nurse – Meridian
Fadila Hrmic, BSN, RN, RNC-MNN, Women’s Services Nurse – Nampa
Kali Jolley, BSN, RN, RNC-MNN, Mother-Baby Nurse – Wood River
Kayli Lewis, MSN, RN, RNC-MNN, Mother-Baby Nurse – Boise
Erika Lingo, BSN, RN, RNC-MNN, CSU Nurse – Treasure Valley
Melanie Maltese, BSN, RN, RNC-MNN, Mother-Baby Nurse – Boise
Erika Monjaras, BSN, RN, RNC-MNN, Wood River Internal Medicine RN Lead – Wood River
Sarah Olson, BSN, RN, RNC-MNN, Mother-Baby Nurse – Meridian
Ashley-Grae Outsen, BSN, RN, RNC-MNN, Mother-Baby Nurse – Boise
Chelsea Richter, BSN, RN, RNC-MNN, Mother-Baby Nurse – Boise
Annie Rollins, BSN, RN, RNC-MNN, Mother-Baby Nurse – Boise
Stephanie Sanders, BSN, RN, RNC-MNN, Mother-Baby Nurse – Boise
Michelle Schroeder, ADN, RN, RNC-MNN, Mother-Baby Nurse – Magic Valley
Tona Simms, BSN, RN, RNC-MNN, Diagnostic Breast Imaging Nurse – Meridian
Viktoria Snider, BSN, RN, RNC-MNN, Mother-Baby Nurse – Boise
Liz Wilcox, BSN, RN, RNC-MNN, Mother-Baby Nurse – Boise
Structural Empowerment

Enhancement to Supporting Transitions and Relationships (STAR) Nurse Residency Program Guides New Graduate Nurses

Supporting Transitions and Relationships (STAR) Nurse Residency is a foundational program for newly-graduated nurses with oversight by the Center for Nursing Excellence. The program is coordinated in the Treasure Valley by Denise Camacho, MSN, MAOL, RN, and in Magic Valley by Christiana Sipe, MSN, RN.

In 2018, the first groups of STAR residents participated in a new group performance improvement (PI) project designed around a concern or issue in their work environments. Identified problems align to PI initiatives across the system. Through thoughtful structure, PI coordinator team support, and program facilitator mentoring, the residents develop critical thinking, strengthen communication and improve professionally within nursing. The projects are designed to successfully set the new graduate nurse on the pathway to join shared governance, and to apply to the Nursing Research and Evidence-Based Practice Fellowship or Professional Advancement Through High-performance and Skill (PATHS) programs. Residents have reflected positively on their experience with the new performance improvement projects, calling it a “collaborative,” “thought-provoking” and “enlightening” experience.

Additionally, the STAR curriculum has been enhanced to include four uniquely-structured simulations to challenge the residents’ critical thinking skills and team collaboration. Through simulation and clinical nursing leadership, the STAR program supports residents as they successfully transition to competent professionals by helping them to use effective decision-making skills, incorporate research-based evidence into practice, strengthen their professional commitment to nursing and formulate plans for next steps in their careers. Residents are awarded Continuing Nursing Education credits for their hours in STAR to supplement their professional growth.

The 2019-2020 year will see many continued enhancements to the program in preparation for accreditation, while aligning to the needs of the millennial new graduate nurse.
After leaving the emergency department (ED), many patients may have questions or not remember all their discharge instructions. In Fruitland, patients now get a reassuring phone call from an ED clinical nurse to check on their general health, ensure follow-up care and assist with prescription management. The program design was inspired by other EDs around the health system, including a very successful callback program in Wood River.

The goal of the Fruitland callback program is to provide personalized attention, listen to patient concerns and ensure that patients get the follow-up care they need, says Joe Young, BSN, RN, CEN, Fruitland ED Nursing Manager. “It gives us a chance to strengthen the bond.”

Within two days of an ED visit, patients receive a follow-up call. Prior to the call, the clinical nurses access the patient’s electronic health record, review provider notes and read prescription follow-up instructions. During the call, patients are asked about their general health, issues filling prescriptions and the status of follow-up appointments with primary care physicians and specialists.

Young says the program is successful because it is collaborative. He gives credit to his colleagues Sheri Davis, Health Unit Coordinator; Bailee Jones, BSN, RN; Brianne Haun, MSN, RN; Randy Spurgeon, Respiratory Therapist; and others. He is proud of the Fruitland team’s willingness to take the extra steps needed to improve outcomes for patients.

“When everybody is happy, you give better care,” Young says.
Structural Empowerment

Nampa ICU Nurse Collaborates with Volunteers to Provide for Patients

Celeste Benedict, BSN, RN, CMSRN, a Nampa ICU nurse, was nominated for Idaho’s Brightest Stars Award. The nomination stems from a program she created to provide clothing upon discharge to patients with limited resources. Benedict developed the Clothes Closet program in response to a growing problem at the Nampa hospital. Some patients have blood-stained or bug-infested clothes that are removed during treatment. Although patients receive hospital-issued gowns, not all of them have friends, family or resources to shop for new apparel upon discharge.

“We do not want to release them in hospital gowns,” Benedict says. “We want the patients to have some dignity.” She got the idea from a previous employer in Portland, which has a large homeless population. While Nampa is significantly smaller, Benedict recognizes that the availability of clean clothing is still an issue for some of her patients. “Just because it is not a big city does not mean there is not a need.”

Benedict mobilized the hospital's all-volunteer Community Service Committee to start the Clothes Closet. Housed in cupboards in the emergency department hallway, the Clothes Closet is accessible to providers and clinicians throughout the building. St. Luke’s employees have been donating new and gently used clothing for children and adults. Dozens of shirts, pants, shoes, socks, underwear, belts and other accessories line the shelves.
St. Luke’s McCall Earns Level IV Trauma Center Designation

St. Luke’s McCall Emergency Department (ED) achieved Level IV trauma designation in 2018, making it the first hospital in the system to receive this designation. The project was led by nursing leader Jackie Hurzeler, MSN, RN, MSCRN, but required every department in the McCall hospital to participate. Key to the accreditation success was a cultural shift early in the program development with strong support from clinical nurses and ancillary staff.

Hurzeler led the team in creating policies, procedures, care guidelines and processes to support a Level IV center. Early engagement with key stakeholders led to increased efficiency. Building strong relationships with St. Luke’s Transfer Center and St. Alphonsus resulted in a streamlined and standardized approach for transferring patients to a higher level of care.

Once the transfer process was revised, the focus shifted to identifying the members of the trauma team and their individual roles, defining trauma activation criteria, and determining how to activate the trauma team. Development of the Performance Improvement and Patient Safety Plan was key in physician engagement.

Once the foundation was laid, a comprehensive education plan was designed and implemented for every role. The McCall team partnered with Clinical Learning and Student Services and the simulation team to bring TeamSTEPPS fundamentals to McCall. With TeamSTEPPs trauma simulation for all interdisciplinary team members, tremendous improvements in the care provided for trauma patients have been noted.

Trauma activations began on January 1, 2018. Early experiences provided valuable learnings and insight to support fine-tuning trauma response. Activation criteria was redefined to be broader, but specific to the types of trauma seen in the McCall ED. For example, criteria changed from “ejected from a horse” to “ejected from any animal” (e.g., rodeo bull).

Continuous improvement is a key to maintaining trauma designation and the McCall team instituted a plan to ensure success, including continued work with the trauma program manager and ongoing participation of nursing leadership in trauma activations in the ED and in medical/surgical patient rounds.
Structural Empowerment

St. Luke’s Fruitland Emergency Department Collaborates with Community Club

Fruitland 4-H members got a behind-the-scenes tour of hospital services recently, thanks to the St. Luke’s Fruitland Emergency Department. The Lucky Clover 4-H members are 8 to 14 years old and recently completed first-aid and CPR training. On December 1, 2018, they visited with the Payette County Paramedics to learn about the dispatch process and ambulance services. Later that day, they visited St. Luke’s Fruitland Emergency Department and took part in hands-on learning in radiology, respiratory therapy, nursing and other areas.

At St. Luke’s, they viewed old X-rays, peered into a microscope, studied lab tests and learned about intubation and chest compressions. They even practiced racing down a hallway with “Bruce” the manikin during a mock “code blue.”

“Emergency rooms can seem a little scary to kids,” says Joe Young, BSN, RN, CEN, St. Luke’s Fruitland ED Nursing Manager. “It was fun for them to see what we do.”

St. Luke’s Fruitland Security Officer Kraig Galloway and his wife, Jennifer, are co-leaders of the 4-H group. Their daughter, Ruth, is a member. Galloway says the tour was timely. “It was really neat and interesting for them because it cemented their training,” he says. “They understand what it means to do a Heimlich maneuver, save someone’s life and then dial 911. The kids were very appreciative.”

The tours opened the children’s eyes to future careers as doctors, nurses and paramedics. “We have new recruits!” Galloway says.
St. Luke’s Eagle Medical Plaza – Serving the Needs of the Community

St. Luke’s Eagle Medical Plaza was opened in April of 2008 as an outpatient center offering services for patients at a location close to home with convenient hours. The Eagle Urgent Care nurses have continued to be true to that mission, providing care to patients with minor illness and injuries until 10 p.m., seven days a week.

In addition to caring for patients who are ill or injured, our urgent care nurses work to meet St. Luke’s mission of improving the health of people in the communities we serve by administering flu vaccines on a walk-in basis to approximately 300 patients annually. This is a benefit to our community as people don’t have to miss work to get protected against the flu and families can come together to get vaccinated.

Eagle Urgent Care became a clinical site for Meridian Medical Charter Arts High School shortly after opening. Students who are interested in health care careers earn either a certified nursing assistant (CNA) or emergency medical technician certification during their high school years.

Eagle Urgent Care has become a favorite clinical location for the students as they get to work with a variety of professionals to hone their skills, from registered nurses and nurse practitioners to physician assistants and CNAs. This partnership has led to Eagle Urgent Care being in the fortunate position to hire some of the students when they finish high school to work as CNAs while they continue their college career.
Structural Empowerment

**Ambulatory Evidence-Based Practice Guides Changes to Blood Pressure Monitoring**

In 2018, the American Heart Association released new guidelines for blood pressure (BP) measurement. This new evidence led to a system-wide change in clinical practices. The materials for the ambulatory clinic education were developed by Christiana Sipe, MSN, RN, Clinical Educator.

Prior to developing the education, Sipe’s assessment of the situation noted variation in how BP measurements were obtained and equipment used. St. Luke’s clinics employ medical assistants, licensed practical nurses, RNs, and athletic trainers who perform patient intake, or “rooming a patient.” In most locations, the clinical staff measure BP as a component of the intake process, which means St. Luke’s clinics are measuring hundreds of blood pressures every day. Practices within the clinics vary, with some taking BPs manually and others using automated devices or a combination of the two. The brand of the equipment and types of cuffs and sizes was also different from site to site.

Sipe used this information to develop the evidence-based educational content which included teaching about the implications of using an incorrect cuff size, and information about how to choose the correct one for their patient, regardless of the brand. Clinical staff attended one of four live educational webinars in April 2018, and/or viewed a recorded version at a later time. Over 600 clinical staff from across the system received the webinar education, including approximately 150 RNs.

*Kortnie McKay, ADN, RN, takes a blood pressure following the new standards at St Luke’s Quick Care Clinic in Twin Falls.*
Exemplary Professional Practice

Cheryl Henriksen, MSN, RN, CEAS-1, COHN-S, and Wallace “Max” Maxwell, MSN, RN, CPPS, present their project findings during the 2018-2019 Nursing Research and EBP Fellowship Celebration on February 12, 2019.

Magic Valley Fellows Collaborate to Identify Best Practices for Conducting Employee Accident Investigations

Cheryl Henriksen, MSN, RN, CEAS-1, COHN-S, Clinical Employee Safety Specialist, and Wallace “Max” Maxwell, MSN, RN, CPPS, Patient Safety Specialist, had concerns about employee injuries. “Every employee has the right to work and to return home from work unharmed,” Henriksen says. This Magic Valley-based duo decided to apply to the Nursing Research and Evidence-Based Practice (EBP) Fellowship program to make a difference. “The focus of our project was to determine if the use of a well-structured and validated investigative model would produce meaningful interventions that would in turn reduce the number of contaminated sharps injuries being experienced by our employees” Maxwell says. “A reduction of these types of injuries would conceivably result in fewer distractions and time away from the bedside, which in turn should improve patient satisfaction and outcomes.”

Following a thorough review of the evidence, the team, mentored by Anna Rostock, BSN, RN, CPN, NE-BC, determined the Recording Investigating Accident Analysis (RIAAT) process represented best practice and addressed important elements including accident timelines, investigative team structure and question verbiage. This evidence-based, validated tool was presented to system-wide safety leadership and an implementation recommendation was prepared. Henriksen reports, “consistent use of this investigative method across our system will provide standardization and help determine the root cause, with the intention of decreasing our employee injury rate.” Their recommendations included developing a tiered response model to address events to be investigated and educational resources for safety professionals. The team also reviewed time elements associated with the RIAAT method to better understand feasibility of use.

“Ultimately, I feel the importance of this project was to ensure the safety and well-being of both patient and employee populations through the use of a comprehensive and standardized investigative tool that will help guide them toward meaningful interventions,” Maxwell says. The team plans to formally implement the RIAAT model processes in 2019.
Carmen Leahu, BSN, RN, CMSRN, and Blair Eby, BSN, RN, had a story to tell. An incidence of undetected acute delirium in a young post-operative patient came to their attention. The patient was seen by a specialist from the emergency department and had multiple tests, but a bladder scan later revealed a problem: a large quantity of retained urine seemed to be causing the symptoms. Leahu, who works on Meridian Medical/Surgical 6, and Eby, who works in the Meridian Post-Anesthesia Care Unit, felt this was a project to tackle—why delirium is missed despite the use of assessment tools. Leahu and Eby joined the Nursing Research and Evidence-Based Practice (EBP) Fellowship program to explore the topic. “I took this project on with the intent to improve patient outcomes, which is in line with St. Luke’s mission of improving the health of people in the communities we serve” Leahu says. The team, mentored by Kim Martz, PhD, RN, proposed the practice question, “What are the barriers to nurses identifying and managing delirium in hospitalized patients, and would education help to decrease the knowledge gap?” Leahu and Eby used the Johns Hopkins Model for evidence-based practice and appraised the evidence. They learned the Confusion Assessment Method (CAM), the delirium assessment tool used at St. Luke’s, is the gold standard. Their evidence appraisal also revealed nurses sometimes use delirium assessment tools inaccurately. The team conducted a gap-analysis to understand the delirium needs of St. Luke’s nurses. Following education, they found increased understanding of delirium resolution via nurse-driven interventions, and increased confidence associated with assessing for precipitating and/or predisposing factors, but the rest of the story is pending. Eby was selected as a Senior Fellow and will be participating in the Nursing Research and EBP program for a second year to continue this work. “This project is important to me because I witnessed a gap in knowledge among health care staff and felt urged to do something about it,” she says.
Exemplary Professional Practice

St. Luke’s Elmore Provides a Healing Environment in a New Emergency Department

St. Luke’s Elmore opened a new emergency department (ED) on January 16, 2018. The hospital serves as the only ED for Elmore County’s community of 29,000 residents spread out over 3,000 square miles, including providing services to the 3,000 service members and their families stationed at Mountain Home Air Force Base. The modernized ED is nearly five times the original size after the upgrade, with the number of beds expanding from four to 10. This increased capacity allows the hospital to efficiently care for a growing population. The new ED space includes two new trauma bays, a security room to protect patients and staff, new infrastructure to support electronic health records, and a separate, dedicated waiting room.

Prior to opening the new ED, educators Anna Hissong, MSN, RN-BC, and Deborah Morgan, MSN, RN-BC, led staff in a “Day in the Life” simulation training. The training was instrumental in preparing nurses and staff to work in the new facility and was a great teambuilding exercise. Once the ED opened, staff experienced a new positive energy from the healing environment. “It was an exciting time of growth and freedom,” says Director of Patient Care Tiffany Mederios, BSN, RN. “Staff weren’t bumping into each other as much. Patient satisfaction increased, employee satisfaction increased. It is amazing what a difference the environment can make.” St. Luke’s Elmore’s new ED had a successful first year helping improve the health of the people in the communities it serves, and the team looks forward to continuing to live St. Luke’s mission.
Exemplary Professional Practice

Day Treatment Center in Boise Provides Innovative Solution to Idaho Mental Health Needs

St. Luke’s Children’s Center for Neurobehavioral Medicine in Boise launched their Day Treatment Center in June 2018. Serving adolescents who are seeking a high level of mental health care while remaining at home, the program is the only one of its kind in Idaho. As of February 2019, more than 60 patients have been seen in the program, and almost 200 referrals have been received.

A key component to the program is strong nursing support. The center has a full-time nurse, Kyle Ellefson, BSN, RN, who is assigned to the program, with additional support from the outpatient nursing team when needed. Ellefson works directly with the clinic’s psychiatrists, therapists, educator, care coordinator and psych techs. He is the first point of contact for families and serves as the physician liaison to the family. He establishes rapport early on with the patient so they are comfortable informing him if they’re having any difficulties. Other responsibilities covered by Ellefson include ensuring e-authorizations are in order, supporting in group when needed, and triaging in crisis situations. He supports the overall milieu of the program, from regular clinical nurse work flow to preparation and compliance with The Joint Commission. The RN position was initially allocated as a 0.50 FTE, but with the high level of need in the patient population, it became abundantly clear the program needed additional support. Clinic RN Gayle Matsumuro, BSN, RN, wrote a proposal for additional nursing support and submitted the necessary documentation to justify the position. Matsumuro’s advocacy resulted in an additional full-time RN joining the team.

Because this program was new and one of a kind, the learning curve was steep for all involved. With tremendous enthusiasm and willingness to help, the entire clinical team created the new process and continues with optimization to ensure the Day Treatment Center operates as efficiently and effectively as possible.
Wood River Emergency Department and Family Medicine Collaborate to Improve Patient Care

St. Luke’s Clinic – Family Medicine in Hailey identified the need to improve the process for patient follow-up with primary care providers (PCP) following a St. Luke’s Wood River Emergency Department (ED) visit. Access to acute care is limited at the clinic, and urgent appointments are sometimes delayed due to the number of routine follow-up appointments. ED patients who followed instructions to schedule immediate follow-up with the clinic experienced frustration when they attempted to schedule appointments with their PCP and could not be seen in the prescribed amount of time. It was apparent that not all patients needed follow-up for their ED visit within the standardized timeframe documented in the ED discharge instructions. Working together, nurses from the Family Medicine Clinic, ED and key physician stakeholders developed a new process that would allow for best practice in follow-up care while distinguishing between the need for acute versus non-acute follow-up with PCPs. A subset of patient was identified including UTI/Strep/Otitis Media that could be managed with the new process. The new process included RN callbacks to acute ED patients to schedule appointments based on recommended InBasket message from ED physicians. The acute ED follow-up patients are now contacted by clinic staff, ensuring immediate follow-up. Clinic access improved because the new process eliminated unnecessary follow-up appointments that were handled by the clinic triage RNs.

Ann Marie Gardner, ASN, BS, RN, Nurse Lead at the clinic; Sheridan Jones, RN, ED nurse; Angela Brady, BSN, RN, CEN, NEA-BC, ED Director; and Drs. Deborah Robertson and Cortney Vandenburgh worked collaboratively to develop and disseminate a robust communication plan regarding the new process. They socialized the plan with the ED physician group, Family Medicine Clinic group, and the ED practice council. The project was piloted and then adopted in June 2018. Clinic access improved with the elimination of follow-up appointments that were handled by the clinic triage RNs.
New Knowledge, Innovations and Improvements

Collaboration Leads to Debut of the Treasure Valley Student Nurse Apprenticeship Program

Following a year of research, task force meetings, logistics, pro formas, recruitment and interviews, the Student Nurse Apprenticeship Program (SNAP) went live at St. Luke’s in the Treasure Valley in June 2018.

Ten students from Boise State University, Northwest Nazarene University and Lewis-Clark State College who are pursuing their bachelor’s degrees in nursing have joined the first cohort. The goal of SNAP is to create a formative environment for these students, who have completed at least their junior years. The nurse apprentices (NAs) will be paired one-on-one with a seasoned nurse preceptor in the experience-rich clinical support unit. The NAs will experience a variety of clinical experiences to help develop their critical-thinking skills with regards to patient care.

Some anticipated highlights of SNAP:

• Identify top talent with a dedication to developing their careers at St. Luke’s.

• Invest in student nurses to prepare them beyond what their nursing programs do. The program seeks to complement rather than replicate school objectives.

• Enhance critical thought through the motto: “Think like a nurse while practicing like a CNA.”

• Provide nursing opportunities in simulated environments such as daily charting in the “playground environment” of Epic.

SNAP in the Treasure Valley has been approved for three annual cohorts of 10 participants.

Contact students@slhs.org for more information.
New Knowledge, Innovations and Improvements

Virtual Care Center Leads St. Luke’s with Innovation

St. Luke’s Virtual Care Center (VCC) serves as a hub to explore clinical, technical and operational innovation. The center supports care transformation and delivery across the acute, post-acute and ambulatory settings and includes programs such as the TeleICU, Transfer Center, Teleneurology, Remote Patient Management, and a growing list of outpatient telehealth specialties. The center is powered by cutting-edge technology coupled with skilled clinicians including 32 nurses (RNs) who provide and support safe and meaningful care across the health system. Programs supported and established in collaboration with the VCC demonstrate improved patient outcomes, lower total cost of care, operational efficiency gains as well as improved access to care.

“Merging technology and care delivery is the way we have to operate in order to be successful in population health,” says Krista Stadler, BSN, RN, Senior Director of Telehealth Services for St. Luke’s Health System. “With the growing Idaho population and consumer demand for convenient care, we have to explore how we can use technology to achieve our goals and meet the needs of our patients.”

Nursing is a vital component across the spectrum of telehealth services, with roles ranging from clinical coordination, direct patient care, programmatic design and operational leadership. Often, the coordination required to effectively provide on-demand telehealth services begins with the important work of the Transfer Center RNs who file an average of 23,000 connections per month, efficiently connecting providers and managing the myriad of logistics to efficiently connect patients with the right resources.

One of the more well-known programs in the VCC includes RNs supporting critical care patients and care teams through St. Luke’s TeleICU, which has been a standard of care across the health system ICUs since January 2011. Using live, two-way, audio-video technology and decision support software, nurses and physicians work collaboratively with bedside care teams to monitor and intervene on the most acute of patients. This collaboration has resulted in saving...
more than 120 lives and 9,500 ICU days across the health system in 2018.

One of the newest programs and RN roles in the VCC is that of a care manager for the Remote Patient Management (RPM) Program. This program couples technology and nursing to care for complex care patients with chronic disease in their homes. Using a tablet and Bluetooth-connected peripheral devices, patients complete a daily health session which includes vital sign measurements, branching logic symptomatic questions, education and social support. The data from these sessions is automatically sent to the VCC where specialized software triages patient results and identifies patients who need support immediately. The RNs review patient trends, then intervene and coach patients via phone, text or video sessions. They also communicate directly with the patient’s primary care physician when concerns or the need for new orders are identified.

As one of the first St. Luke’s RNs to experience this innovative and unique way to practice nursing, Anna Dillon, BSN, RN, has insight into how our patients are responding to this model of care: “The technology really disappears into the background as you form genuine connections with your patients. I have seen patients so overwhelmed by their conditions that they have given up hope, transform to motivated and empowered patients creating and sustaining change for themselves independently. Patients love the access and support conveniently built into their everyday life.”

The RPM program has consistently demonstrated the ability to comprehensively and proactively support the patient using technology-enabled care, resulting in a 58% reduction in ED utilization, 80% reduction in acute care admissions, and when the patient is hospitalized, their length of stay has been reduced by 86%.

St. Luke’s is also expanding the reach of ambulatory specialist providers while improving patient satisfaction by offering providers and patients the ability to connect in rural clinics through telehealth technology. Currently, providers from pulmonology, cardiology, sleep, nephrology, urology, medical oncology, pediatric surgery and neurodevelopmental pediatrics are all able to offer telehealth to prevent unnecessary travel and expand convenient accessibility for patients. This has created more than 100 additional patient visits on providers’ local schedules this year. In-person assistance for physicians and patients navigating this experience is provided by Thaona Garber, BSN, RN, St. Luke’s first Telepresenter RN. Garber’s nursing support has been a significant factor in the high levels of patient satisfaction measured in these programs. These and other ambulatory services will be expanded across the organization’s rural settings over the coming months and years.

Regardless of the care setting, telehealth is a way to enhance the services already provided by the patient’s primary care team and to close care gaps quickly and efficiently.

“This space will allow us to grow our services and capacity throughout the organization to ensure patients have access to the right care at the right time, regardless of geographic location,” Stadler says. “We believe there is an opportunity to improve a patient’s access to care and ensure that care is patient-centered.”

**On the cover:** Grant Haller, ADN, RN, CCRN-E, Telehealth Transfer Nurse and Jason Blomquist, BSN, MAOL, RN, Director of Telehealth Services, review bed placements.
Nurses Serve as Sentry by Implementing PATHS Projects to Improve Patient Outcomes

Professional Advancement Through High-performance and Skill (PATHS), St. Luke’s professional development program created to empower and engage clinicians, has demonstrated great success in its first two years. Participants are achieving both their professional goals and project goals. Several participants received promotions into leadership positions. In the first two cohorts, 21 participants were awarded a bonus of up to $1,500 for the effort, quality and outcomes of their completed project.

Kalyi Lewis, MSN, RNC, presents her final project to the PATHS review committee.

PATHS received applications from 40 clinicians who submitted a project idea to the program in 2018. Three nurses who completed the program include Kalyi Lewis, MSN, RNC; Sydni Elliott, BSN, RN; and Cindy Blakely, BSN, RN, CMSRN.

Dextrose Gel for Treatment of Newborn Hypoglycemia is being led by Kalyi Lewis, MSN, RNC, from Mother-Baby at the Boise Hospital. Lewis discovered that hypoglycemia is one of the top reasons for transferring infants from Newborn Nursery (NBN) to the Neonatal Intensive Care Unit (NICU). This involves higher costs, separation of parent and infant, interruption of breastfeeding and a higher level of invasive intervention. Lewis reviewed and evaluated research on buccal dextrose gel for glucose stabilization in infants. She worked with a group of stakeholders to create a protocol for the treatment of newborn hypoglycemia. From there a three-month trial was performed at St. Luke’s Boise to evaluate impact; the main goal being decreased NICU transfers. Project outcomes showed a dramatic decrease in transfer rates, as more infants had adequate treatment and time to stabilize without having to be transferred to the NICU. Lewis is now leading the implementation of this practice in all the NBNs throughout St. Luke’s Health System.
Divided Waiting Room was led by Sydni Elliott, BSN, RN, from St. Luke’s Treasure Valley Pediatrics. The goal for this project was to improve patient satisfaction through patient-centered care by preventing the spread of illness. While caring for families at the Boise Treasure Valley Pediatrics Clinic, Elliott often heard requests for a divided waiting space so that children coming in for a well visit are not exposed to those who are ill. Elliott states, “Families had been asking for a divided waiting space for some time, and also our waiting rooms lacked adequate hand-hygiene stations.” Through collaboration with parents, clinic staff and Infection Prevention, a plan was developed. The waiting room was divided, and two disinfection kiosks were placed at the entrance to each new space. Patient satisfaction scores increased following the changes. When asked about her professional growth during participation in PATHS, Elliott says, “This has been my first experience with the Johns Hopkins research tools and there was a lot to learn about the best/correct use of the forms. I am still incredibly far from an expert, but I have learned how they do help organize research and assist in the interpretation of evidence/literature/reviews.”

Green Gowns was led by Cindy Blakely, BSN, RN, CMSRN, from Cardiac Procedures in Magic Valley. When Blakely heard about PATHS, she decided that she wanted to submit a project about a “pet peeve” with current patient green gowns that snap at the shoulder and are often broken. “No patient should ever be handed a gown that is not properly working,” Blakely says. It was something that has always bothered her, so she decided to do a project to address the problem in her department. She partnered with the linen department to observe the flow of gown cleaning and care and to identify hospital cost associated with gowns. From there she met with the representative from the manufacturer and identified a process for collecting the damaged gowns and sending them back for repair, at no cost to the organization. “Working for a large company, we can often feel our voice is not heard or that it matters,” Blakely says. “This is your opportunity to make a change and address the issue. The PATHS program allows for you to do this.”

Cindy Blakely, BSN, RN, CMSRN, places a gown into a bag that will be sent to the manufacturer for repair.
Empirical Outcomes

Patient Satisfaction (HCAHPS) Data

For the past few years, St. Luke’s has been committed to a goal to collect standardized patient satisfaction data from all care settings throughout the system. In 2018, the work was completed, and sites now have access to their first year of data. Being able to compare to national benchmarks, as well as watching for trends month over month or year over year within facilities and units, provides an ongoing opportunity to continually enhance patient experiences.

**Inpatient Adult Units - CY 2018**

*Nurses Overall Top Box %*

**Inpatient Pediatric Units - CY 2018**

*Communication with Child’s Nurse Overall Top Box %*

**Outpatient Surgery - CY 2018**

*Nurses Overall Top Box %*

**Emergency Departments - CY 2018**

*Nurses Overall Top Box %*

**Rehabilitation Units - CY 2018**

*Nurses Overall Top Box %*

**Neonatal Intensive Care Units - CY 2018**

*Nurses Overall Top Box %*


*4-time Magnet-designated hospitals*
In alignment with patient satisfaction data, St. Luke’s was committed to having all sites submit nursing sensitive clinical indicators to a vendor and obtain nationally benchmarked data. Previously, only Boise, Meridian and Magic Valley were submitting data for catheter-associated urinary tract infections (CAUTI), central line-associated bloodstream infections (CLABSI), hospital-acquired pressure injuries stage 2 and above (HAPI Stage 2+), and falls with injury. In calendar year 2018, quarter 3, Elmore, Jerome, McCall, Nampa and Wood River submitted their first quarter of data. St. Luke’s looks forward to showcasing their data in 2019!

**Nursing Sensitive Clinical Indicators**

In alignment with patient satisfaction data, St. Luke’s was committed to having all sites submit nursing sensitive clinical indicators to a vendor and obtain nationally benchmarked data. Previously, only Boise, Meridian and Magic Valley were submitting data for catheter-associated urinary tract infections (CAUTI), central line-associated bloodstream infections (CLABSI), hospital-acquired pressure injuries stage 2 and above (HAPI Stage 2+), and falls with injury. In calendar year 2018, quarter 3, Elmore, Jerome, McCall, Nampa and Wood River submitted their first quarter of data. St. Luke’s looks forward to showcasing their data in 2019!

*4-time Magnet-designated hospitals*
Outstanding Achievements

Nursing Research and EBP Fellowship Projects, Publications and Presentations

2018-19 Nursing Research and EBP Fellows

Wallace “Max” Maxwell, MSN, RN, CPSS and Cheryl Henriksen, MSN, CNS, RN, COHN-S, CEAS-1, Mentored by Anna Rostock, BSN, RN, NE-BC, CPN
Reduction of Blood & Body Fluid Exposures through Implementation of Formally Structured Accident Investigative Processes

Leslie Singelyn, BSN, RN, Mentored by Jenny Alderden, PhD, APRN-CNS, ACNP
Predictive Algorithms for Stem Cell Target Dose: Which Algorithm is Best?

NICHOLE SANTARONE, BSN, RNC-NIC, Mentored by Victoria Wohlers, BSN, RNC-NIC
Developmental Care: Neuroprotection for Premature Infants

Blair Eby, BSN, RN and Carmen Leauha, BSN, RN, CMSRN, Mentored by Kim Martz, PhD, RN
Delirium: Identifying the Most Effective Way to Improve Nurses’ Assessment and Management

Ruth Tretter, BSN, RN-BC, Mentored by Cara Gallegos, PhD, RN
Examining Knowledge, Confidence and Stress in Telephone Triage Nurses

Michele Schwister, BSN, RN, CCRN, Mentored by Marty Downey, PhD, RN, AHN-BC, CHTP, CNE
Best Practices for Promoting Healthy Work Environments that Encourage Collegial Nursing Relationships

Kathy Watkins, BSN, RN, MSN, CNM, Mentored by Carrie Sue Sweet, DNP, CNS-AD, RNC-OB, ACNS-BC
Skin to Skin Contact: An Evidence-Based Practice Project

Senior Fellows

Ryoko Pentecost, MN, RN, CCRC and Kristy Schmidt, MN, RN, Mentored by Jane Grassley, PhD, RN, IBCLC
Screening for Substance Use during Pregnancy: Perceived Provider Barriers

2018 Publications

Jenny Alderden, PhD, APRN, CCRN, CCNS

Jenny Alderden, PhD, APRN, CCRN, CCNS and Yunchuan (Lucy) Zhao, PhD, RN


Rick Bassett, MSN, RN, APRN, ACNS-BC, CCRN

DIA BYRNE, MSN, RN, ACNS-BC, CCN and Linda Penwarden, MN, RN, AOCN

Julie M. Finney, BSN, RNC-OB; Susan Chapman, RN, IBCLC; and Susan Bennett, RN, IBCLC

Shelly Jensen, BSN, MHA, RN, NEA-BC

Julia Miner, DNP, RN, RNC-OB, C-EMF, CPHQ

Ruth Tretter, BSN, RN-BC

Yunchuan (Lucy) Zhao, PhD, RN

2018 Presentations

Jenny Alderden, PhD, APRN, CCRN, CCNS
Most pressure injuries identified among critical care patients persist. Poster presentation at the Annual Western Institute of Nursing Research Conference, April 11-14, 2018, Spokane, WA.

Jenny Alderden, PhD, APRN, CCRN, CCNS and Yunchuan (Lucy) Zhao, PhD, RN
Factors associated with stage 1 pressure injury deterioration. Symposium presentation with M. Cummings at the Annual Western Institute of Nursing Research Conference, April 11-14, 2018, Spokane, WA.

Jenny Alderden, PhD, APRN, CCRN, CCNS
Duration of general anesthesia is associated with development of delirium among ICU patients. Poster presentation with H. Nakashima at the Annual Western Institute of Nursing Research Conference, April 11-14, 2018, Spokane, WA.


Cindi Faith Bennett, MN, RN, IBCLC
Lactation program encourages education for breastfeeding mothers. Oral presentation with J. Schwartz on Boise State Public Radio, September 4, 2018, Boise, ID.

Bridging the gap: A partnership between a hospital system and WIC breastfeeding peer counselors and staff. Oral presentation with C. Galloway at the 2nd Annual Idaho Breastfeeding Summit, June 28, 2018, Boise, ID.

Bridging the gap: A partnership between a hospital system and WIC breastfeeding peer counselors and staff. Oral presentation with C. Galloway at the 2018 National WIC Association Conference, April 23, 2018, Chicago, IL.

Debbie K. Ketchum, MAOM, BSN, RNC-MNN, C-EMF
Big heart–little state: Innovative partnerships to connect AWHONN nurses in rural areas. Poster presentation at Association of Women’s Health and Neonatal Nurses National (AWHONN) Convention, June 23-27, 2018, Tampa, FL.

Kimiko Krutz, MSN, RN, OCNS-C, CMSRN

Julia Miner, DNP, RN, RNC-OB, C-EMF, CPHQ
Perinatal safety innovation: E-learning links to outcomes. Poster presentation at the 2018 ANCC Magnet Conference, October 22–26, 2018, Denver, CO.

Perinatal safety innovation: E-learning links to outcomes. Poster presentation at the 2017 ANCC Magnet Conference, October 22–26, 2017, Denver, CO.

Shelly Jensen, BSN, RNC, NEA-BC
Bridging the gap: A partnership between a hospital system and WIC breastfeeding peer counselors and staff. Oral presentation with C. Galloway at the 2018 National WIC Association Conference, April 23, 2018, Chicago, IL.

Julia Miner, DNP, RN, RNC-OB, C-EMF, CPHQ

Krista Stadler, BSN, RN
Clinical transformation & technology enabled care: Where the turtle meets the hare. Presentation at the Vidyo Healthcare Summit, December 3-5, 2018, Scottsdale, AZ.
Delivering convenient care to the community: Remote patient monitoring (RPM) programs. Panel presentation at the Northwest Regional Telehealth Resource Center Annual Conference, October 1-3, 2018, Salt Lake City, UT.

Telehealth & virtual care: Checking all the boxes. Webinar for Idaho Chapter of Healthcare Information and Management Systems Society (HIMSS), October 2018, ID.

**Teresa Stanfill, DNP, RN, NEA-BC, RNC-OB**
Leadership competencies for healthcare: I have to know what?! Podium presentation at the 2018 ANCC Pathway to Excellence Conference, May 1-3, 2018, West Palm Beach, FL.

Certification presentation through collaboration & centralization. Poster presentation at the 2018 ANCC Pathway to Excellence Conference, May 1-3, 2018, West Palm Beach, FL.

Leadership competencies for healthcare: I have to know what?! Podium presentation at the 2018 ANCC Magnet Conference, October 22-26, 2018, Denver, CO.

**Sytoria (Tory) Zigmond, MSN, RN, CPHQ, SCR**


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**2018 Awards & Congratulations**

- **Joan Agee, DNP, RN, CNOR, FACHE, Nampa COO/CNO,** achieved board certification as a Fellow of the American College of Healthcare Executives (FACHE).
- **Karen Bellman, ADN, RNC,** received the 2018 Outstanding Nurse Leader Clinician Award from Nurse Leaders of Idaho.
- **Cindi Faith Bennett, MN, RN, IBCLC,** received the Southwest District Health WIC Award in Recognition of Dedication and Support for Breastfeeding.
- **D’Layne Benson, ADN, BA, RN, CAPA,** received the 2018 Aspiring Nurse Leader Award from Nurse Leaders of Idaho.
- **Susan Cline, DNP, RN, MBA, NEA-BC,** and **Diana Meyer, DNP, RN, NEA-BC, FAEN,** received a $50,000 grant from American Organization of Nurse Executives (AONE) for Resiliency Research.
- **Ashlee Dean, BSN, RN, CCRN,** received the 2018 Aspiring Nurse Leader Award from Nurse Leaders of Idaho.
- **Amanda Erickson, BSN, RN, RNC-MNN,** St. Luke’s Nampa Family Birth Center, has been selected for the National Association of Neonatal Nurses (NANN) 2018 Emerging Leader Fellowship Program.
- **Chanette Fretwell, MSN, RN, NEA-BC,** Director of Nursing and Patient Care, Women’s Services, St. Luke’s Nampa, received a 2018 President’s Award from St. Luke’s Health System and received the 2018 Outstanding Nurse Leader Clinician Award from Nurse Leaders of Idaho.
- **Stephanie Mathias Hilpert, NP,** St. Luke’s Mountain States Tumor Institute, was honored as a 2018 Woman of the Year by the Idaho Business Review.

**Jessica Garner, MSN, RN-BC, ACNS-BC, APRN, and Marylynn Hippe, MSN, RN, APRN, ACNS-BC, CMSRN,** were selected to serve on the Idaho State Board of Nursing APRN Advisory Council.

**Kayla Ingram, BSN, RN, NE-BC,** received the 2018 Aspiring Nurse Leader Clinician Award from Nurse Leaders of Idaho.

**Slobhan Jameson, ADN, RN, St. Luke’s Wood River Surgical Services RN,** received the Carl A. Gray Memorial Award for Nursing Excellence from St. Luke’s Wood River Foundation.

**Shelly Jensen, BSN, MHA, RN, NEA-BC,** Senior Director of Women’s and Children’s at Magic Valley, was recognized as a 2018 AWHONN Emerging Leader by The Association of Women’s Health, Obstetric and Neonatal Nurses (AWHONN).

**Katherine Kerner, BSN, MA, RN, NEA-BC,** received the 2018 Outstanding Nurse Leader Educator Award from Nurse Leaders of Idaho.

**Debbie K. Ketchum, BSN, MAOM, RN, C-EMF,** received the 2018 Outstanding in Innovation Award from Nurse Leaders of Idaho.

**Debbie Larson, MSN, RN, NE-BC,** received the 2018 Aspiring Nurse Leader Clinician Award from Nurse Leaders of Idaho.

**Anna Quon, BSN, MBA HM, RN,** received the 2018 Outstanding Nurse Leader in Transitions in Care Award from Nurse Leaders of Idaho.

**Danika Severe, MSN, RN,** received the 2018 Outstanding Leader in Innovation Award from Nurse Leaders of Idaho.

St. Luke’s nurses were elected or re-elected to serve on the Board of Directors for the American Nurses Association – Idaho in 2018, including **Brienne Sandow, MSN, RN, NEA-BC, RNC-OB, President,** Anna Rostock, BSN, RN, CPN, NE-BC, Secretary; **Kadie Randel,** BSN, RN, Treasurer; **Kimberly Popa,** BSN, RN, Director at Large/ Membership Assembly Delegate; and **Wallace “Max” Maxwell,** MSN, RN, CPPS, Director at Large/ Membership Assembly Delegate.

**2018 Registered Nurse Scholarship and Conference Funds Recipients**

- **Bledsoe Scholarship**
  - Lori Coates

- **Cristler Scholarship**
  - Jackie Hendrickson

- **ER Nursing Endowment Scholarship**
  - Allyson Wright

- **Gilbertson Scholarship**
  - Jody Acheson
  - Jacob McGinnis

- **Healthcare Education Scholarship**
  - Erin Goodfellow

- **Leadership Scholarship**
  - Kimiko Kutz
  - Marisa Lunghofer
  - Christiana Sipe

- **Magic Valley & Jerome Nursing Scholarship**
  - Devin Miles

- **Nursing Scholarship**
  - Elizabeth Bair
  - Cindy Blakely
  - Wendy Gordon
  - Shawna McIntyre

- **Sodexo Scholarship**
  - Alice Hewes
  - LEEanne Mehlings

- **St. Luke’s Wood River Foundation Staff Education Scholarship**
  - Piper Andrews
  - Michelle Medsker
  - Lisa Avison
  - Erika Mongar
  - Megan Davidson
  - Froila O’Haver
  - Anne Marie Gardner
  - Joanna Peters
  - Sue Henry
  - Louann Randall
  - Sioban Jameson
  - Cherie Shardlow

- **St. Luke’s Foundation Nursing Funds (Brown Funds, Nursing Education, Sharon Lee)**
  - Carissa Amick
  - Alexis Ayers
  - Rick Bassett
  - Cindi Bennet
  - Susan Bennett
  - Garth Blackburn
  - Amy Boddy
  - Dani Boespflug
  - Lauren Boyd
  - Kari Braun
  - Anne Burkey
  - Calley Crawford
  - Shelby Darland
  - Ashlee Dean
  - Sheila Desilet
  - Kim Dillion
  - Amy Egan
  - Amanda Erickson
  - Rachel Erickson
  - Ron Foxwell
  - Chanette Fretwell
  - Tenisha Gallegos
  - Jessica Garner
  - Michelle Hamland
  - Jamie Hutt
  - Shelly Jensen
  - Sandra Kahlert
  - Megan Luckey
  - Summer Maxey
  - Karen Merrill
  - Kayla Mescher
  - Diana Meyer
  - Julya Miner
  - Stephanie Moore
  - Karen Mosham
  - Megan Nelson
  - Heather Niehoff
  - Beth Owens
  - Autumn Pledger
  - Karen Proskoch
  - Carrie Randel
  - Cynthia Roos
  - Teresa Stanfill
  - Carre Sue Sweet
  - Liza Tarkowski
  - Tammi Turpin
  - Carrie Tenlee
  - Tami Turpin
  - Jerri Woodworth
  - Sarah Zarchin

- **Wright Scholarship**
  - Kaitlin Ferguson
Outstanding Achievements

2018 System Nursing Excellence Awards Winners

Exemplary Professional Practice

Licensed Practical Nurse

Paula L. Henson, LPN
Emergency Department – Jerome
With Cy Gearhard, VP Patient Care Services & SLHS CNO

Mindy Murdock, LPN
Salmon River Medical Clinic – Riggins
With Cy Gearhard, VP Patient Care Services & SLHS CNO

Laura Russell, BSN, RN, NE-BC
Nursing Director, Medical Unit – Magic Valley
With Arlen Blaylock, Magic Valley CNO

Pamela Springer, PhD, RN, ANEF, NEA-BC
Director, Clinical Learning and Student Services – SLHS
With Cy Gearhard, VP Patient Care Services & SLHS CNO

Experienced Leader

Lori Steele, BSN, RN, OCN
MSTI Nurse Navigator – Nampa & Fruitland
With Alicia Young, Ambulatory CNO

Karen Dey, BSN, RN
Cardiac Procedures / Electrophysiology Invasive Nurse – Boise
With Barbara Hocking, Boise CNO

Kayla Ingram, BSN, RN, NE-BC
Director, Telemetry & Medical / Surgical – Nampa
With Joan Agee, Nampa CNO


Community

Hospital

New Leader

Structural Empowerment

Dana Gulbranson Distinguished Nurse

Heather Andrade, BSN, RN, CPHON
Pediatric Oncology Hematology Nurse – MSTI
With Barbara Hocking, Boise CNO

Lee Ann Richter, BSN, RN
PICU Nurse – Boise
With Cy Gearhard, VP Patient Care Services & SLHS CNO

Kristen Anderson, BSN, RN, OCN
4 South Educator – Boise
With Barbara Hocking, Boise CNO

Dana Gulbranson Distinguished Nurse

New Knowledge, Innovations & Improvements
On behalf of our patients, their families, our board members and your leaders, I’d like to thank each and every St. Luke’s nurse. Your care and caring, profound compassion and boundless energy in serving, helping and treating vulnerable members of our communities, day in and day out, is humbling and inspiring.

I would also like to thank St. Luke’s Health System Chief Nursing Officer Cy Gearhard for her leadership and support of our amazing team of nurses. She and her team have worked tirelessly to build a culture of nursing excellence that we can all take pride in. They are the driving force behind our repeated Magnet® designations and a host of initiatives that ensure we are able to hire, coach, promote and retain the very best of the best among the ranks of the country’s nurses.

This annual report shares a snapshot of the progress and achievements St. Luke’s nurses have played a part in over the past year, but the numbers and statistics don’t begin to tell the story of the innumerable acts of kindness and generosity that I hear about frequently. St. Luke’s nurses have saved lives on the highways, streets and trails of Idaho, in gyms and restaurants and occasionally, on airplanes. They’ve shared their lunches, their clothes, their shoes and so much of their time and their skill with people in distress and in need.

St. Luke’s nurses are heroes in my eyes. I thank and celebrate you all.

With great respect and high regard,

David C. Pate, MD, JD
President and CEO
St. Luke’s Health System
Laura Franz, BSN, RN, Meridian Intensive Care Unit (ICU) nurse, was selected to receive a DAISY Award by the Adult Healthcare Coordinating Council in response to a nomination submitted by a patient’s daughter. “My Dad was in the ICU for three weeks,” the daughter wrote on behalf of the family. “We had many outstanding RNs, but Laura stands out due to her amazing personality and compassion. She made all of us feel so good, happy and hopeful during a very difficult time. She goes above and beyond every day! Thank you!”

2018 DAISY Award Recipients

- Meaghan Connor, BSN, RN, Meridian Emergency Department
- Lewis Evans, BSN, RN, Meridian Intensive Care Unit
- David Foster, BSN, RN, Meridian Emergency Department
- Laura Franz, BSN, RN, Meridian Intensive Care Unit
- Cija Hauver, BSN, RN, Nampa Telemetry Unit
- Montana Hazen, BSN, RN, CCRN, Meridian Intensive Care Unit
- Caroline Houbein, BSN, RN, CEN, Meridian Emergency Department
- Beba Kajdic, BSN, RN, CEN, Meridian Emergency Department
- Kyndall Kordakis, BSN, RN, Boise Pediatric Intensive Care Unit
- Dana Mansanarez, BSN, RN, ONC, Boise 4 South
- Kristina Martinez, BSN, RN, Meridian Emergency Department
- Paula Meyers, BSN, RN, CCRN, Meridian Intensive Care Unit
- Jose Rodriguez, BSN, RN, CCRN, Meridian Intensive Care Unit
- James Sarks, ADN, RN, TCRN, Meridian Emergency Department
- Erica Sommer, BSN, RN, Magic Valley Cardiopulmonary Unit